

State of Ohio Office of Housing and Community Partnerships FEB 1 2 2015 Request for Payment and Status of Funds Report

Section One:	Request for Payment									
Submit to:			Name and Address of Grantee	e:						
	ment Services Agency		Table 1		sional Services	S				
Office of Community Development			5982 Rhodes Road							
P.O. Box 1001				Kent, Ohio	44240					
	nio 43216-1001 n/Telephone Number:		Community/Nonrafit#							
	ague, 330-676-8036		Community/Nonprofit #		S	tate Use Onl	y _			
	ague, 330-070-0030		7GJ		Date: Voucher #: (55	10			
FTI Number:			Draw Number:		Voucher #: (D7840	787			
				60	Warrant #:	1	13 -			
Section Two:	Itemization of Expenditu	ıres			(2)	2849	3684			
			Francis Circles	Project		Approved	Balance of			
Grant Number *	Activity Name *	Activity	Enter the Housing Site Address (CDBG and HOME Funded Housing	Number	Amount	Activity/Site	Activity/Site			
	Control Carlos () of real finance	Nbr *	Activities Only)	(State Use	Requested	Address	Address			
S-Y-14-7GJ-1	Permanent Supp. Housing #1			Only)		Budget	Budget			
0 1 11 7 00 1										
	Operating Expenses	1			6,562.00	52,500.00	45,938.00			
	Permanent Supp. Housing #2	1								
	Operating Expenses				13,562.00	108,500.00	94,938.00			
							-			
· · · · · · · · · · · · · · · · · · ·										
	000									
	3990									
	1		,							
Total Amount o	of This Draw:				\$20,124					
NOTE: From the	Attachment A of the Grant Agr	eement								
Section Three:	Certification of Itemizat	ion of E	xpenditures: Two Authorize	d Signatur	es Are Requi	red				
certify that this F	Request for Payment was draw	vn in acc	cordance with the terms and condition	ons of the Gr	ant Agreement(s)				
ited and that the	amount drawn is proper for p	ayment t	o the drawer's depositary. I also ce	rtify that the	data reported	The second secon				
		1 1	Payment is not in excess of current	needs.		**				
	Signature Junda	1	son o		Title Billing Supervisor					
	Countersignature	MI	an Slage			Title Billing Coordinator				
tate Use Only pproved:	Date:					DS5 (Rev. 6/04	1) DEV0072			

DEVELOPMENT SERVICES AGENCY CODING TRAVELER

	VOU	CHER NO.		INVO	DICE NUMBE	R I		LAST RECEI	PT DATE		Prepare	ed by:
					0607GJ			02/12/2				
				1.0.110				OAKS VEND				
COLE	MAN I	PROFESS	SIONAL	SERV		T		00000531				
		s Road				-		ADD CO			TOTAL AMO	DUNT
Kent OH 44240-						02 - Check			+ \$20,124.0			
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	OJ	SERVICE	REPTING	PROJECT	CROSS	BUDGET REF
01	6460	550054	195638	DEV201100	4052C			C0067	DEVYSH1			
		PURCHASE	ORDER NO		Line No						LI	NE AMOUNT
		00000239	998		01	S-Y-	-14-7	'GJ-1		+		\$20,124.00
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	OJ	SERVICE LOCATION	REPTING	PROJECT	CROSS	BUDGET REF
02												
	1	PURCHASE	ORDER NO		Line No						LI	NE AMOUNT
										+		
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	ЭJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
03												
	E	URCHASE (ORDER NO		Line No				1		LI	NE AMOUNT
										+		
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	ЭJ	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
04												
	P	URCHASE (ORDER NO	•	Line No						LI	NE AMOUNT
										+		
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	J	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
05												
	P	URCHASE C	RDER NO		Line No				1		LI	NE AMOUNT
										+		
LN#	FUND	ACCOUNT	ALI	DEPT #	PROGRAM	GRANT/PRO	J	SERVICE LOCATION	REPTING	PROJECT	CROSS REF	BUDGET REF
06												
	P	URCHASE C	RDER NO		Line No			-			LIN	NE AMOUNT
									10	+		
						T HANDELING						
_				cy (If box is					-			
Pay	ment R	eturns:	Net 3			ection is no					ault to N	iet 30)
			Remit	tance Narrat:	ive: (70 C	Characters)	Gran	t#, Incoic	e #, Accoun	it#		
S-Y	-14-7G	J-1										
D	72		Ja 6		Torrest Contract							
DIVIS	on USE	: Approve	TOP P	ayine	LA C	F	isca	Use: App.	roved for P	ayment	1	
SIGN	ATURE	DATE	HY	UM		D	1			-2	24//9 DATE	5

Warrant Date:	03/03/2015	Vendor	Number: 000005	Warrant No: 0028479678		
Invoice Number		Voucher ID	Gross Amount	Discount Taken	Late Charge	Paid Amount
HCPN00607GJ		00284952	20124.00	0.00	0.00	20124.00



RA

Warrant Number	Date	Total Gross Amount	Total Discounts	Total Late Charges	Total Paid Amount
0028479678	03/03/2015	\$20,124.00	\$0.00	\$0.00	\$20,124.00

PLEASE TEAR AT PERFORATION BEFORE CASHING CHECK.

THIS IS OHIO WATERMARKED PAPER - DO NOT ACCEPT WITHOUT NOTING OHIO WATERMARK - HOLD TO LIGHT TO VERIFY OHIO WATERMARK **Development Services Agency** Budget & Finance 77 S. High Street 27th Floor Columbus 191 OH 43215-6130 (614)466-5355

Date Fund Warrant No. 03/03/2015 503 0028479678 25 - 217 / 440

Pay Amount

\$20,124.00***

Pay

****TWENTY THOUSAND ONE HUNDRED TWENTY-FOUR AND 00/100 DOLLARS ****

To The Order Of

COLEMAN PROFESSIONAL SERVICES INC

5982 RHODES RD KENT, OH 44240

> Timothy S. Keen, Director Office of Budget Management

VOID AFTER 90 DAYS